

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Permit Required
MAY 01 2017

ENTERED

Permit #:	17-0115
Date:	5-8-17
Amount Paid:	\$240 5-8-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BY Bayfield Co. Zoning Dept.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Daryl Christensen</u>	Mailing Address: <u>49100 Blue Moon Rd Drummond WI 54882</u>	City/State/Zip: <u>Drummond WI 54882</u>	Telephone: <u>715-415-0521</u>
Address of Property: <u>49100 Blue Moon Rd</u>		City/State/Zip: <u>Drummond WI 54882</u>	Cell Phone: <u>715-415-0521</u>
Contractor: <u>Daryl Christensen</u>		Contractor Phone: <u>715-415-0521</u>	Plumber: <u>Eric Gidley Plumbing</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <u>715-415-0521</u>	Agent Mailing Address (include City/State/Zip): <u>715-4654-3577</u>
PROJECT LOCATION: <u>N 1/2 1/4 1/2 SE SE</u>	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits): <u>13878</u>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>2015</u> R. <u>500916 110-180</u>
Section <u>18</u> , Township <u>44</u> N, Range <u>7</u> W	Vol & Page: <u>V. 1150 P. 890</u>	Lot(s) No.: <u>1</u>	Subdivision: <u>Drummond</u>
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>80,000</u>	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SIAB</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	

Existing Structure: (If permit being applied for is relevant to it)	Length: <u>44</u>	Width: <u>36</u>	Height: <u>8'6"</u>
Proposed Construction:	Length: <u>44</u>	Width: <u>36</u>	Height: <u>8'6"</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with Loft		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with a Porch		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Porch		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with a Deck		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Deck		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with Attached Garage		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Mobile Home (manufactured date)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Addition/Alteration (specify)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Accessory Building (specify)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>Building up from existing home, second level</u>		(<u>36</u> X <u>44</u>)	<u>1,584</u>
<input type="checkbox"/> Special Use: (explain)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Conditional Use: (explain)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Other: (explain)		(<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing in, or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Daryl Christensen Eric Gidley Justin Blomquist
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

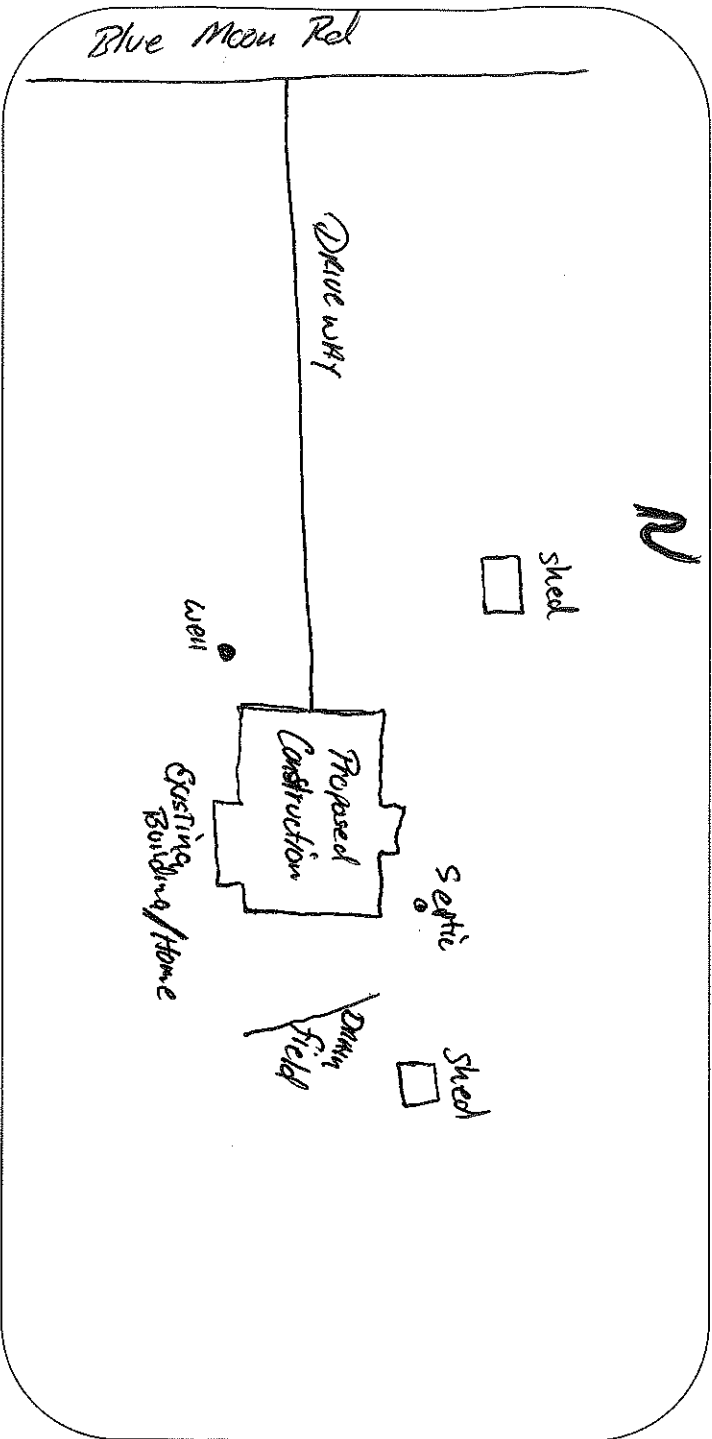
Authorized Agent: _____ Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____
(If you recently purchased the property send your Recorded Deed)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
Attach
If you recently purchased the property send your Recorded Deed

- Show Location of:
- (2) Show / Indicate: Proposed Construction
- (3) Show Location of (*): North (N) on Plot Plan
- (4) Show: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (5) Show: All Existing Structures on your Property
- (6) Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (7) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road 502	Over 300 Feet	Setback from the Lake (ordinary high water mark)	NA Feet
Setback from the Established Right-of-Way 463	Over 300 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot line	223 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot line	390 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	469 Feet	20% Slope Area on property	NA Feet
Setback from the East Lot Line	91 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	21 Feet	Setback to Well	25 Feet
Setback to Drain Field	20 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 298195	# of bedrooms: 2	Sanitary Date: 6/16/1998
Permit Denied (Date):	Reason for Denial:			
Permit #: 17-0115	Permit Date: 5-8-17			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Deed of Record <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: NA	Previously Granted by Variance (B.O.A.)	Case #: NA	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Existing house built into Hill. Location appears to be Code Compliant OK to issue LUD Permit.		Zoning District (F1) Lakes Classification ()		
Date of Inspection: 5/5/2017	Inspected by: Robert A. Seligman	Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No they need to be attached)				
Must Contact Local Uniform Dwelling Code (UDC) inspection agency and secure UDC permit as required by state statute.				
Signature of Inspector:	Date of Approval: 5/5/2017			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal
May Also Be Required

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

LAND USE - X
SANITARY - 298195
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

No. **17-0115** Issued To: **Daryl Christenson & Krista Bloomquist**

N $\frac{1}{2}$ W $\frac{1}{2}$

Location: **SE** $\frac{1}{4}$ of **SE** $\frac{1}{4}$ Section **18** Township **44** N. Range **7** W. Town of **Drummond**

Gov't Lot

Lot

Block

Subdivision

CSM#

For: **Residential Addition: [2- Story (36' x 44') (6' x 10') (18' x 10') = 1,824 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact local uniform dwelling code (UDC) inspection agency and secure UDC permit as required by State Statute.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 8, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp Received
FEB 17 2017
ENTERED

Permit #:	17-0129
Date:	5-10-17
Amount Paid:	\$300 - 2-20-17 \$500 5-10-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: <u>Town of Dimmond</u>	Mailing Address: <u>PO Box 56</u> City/State/Zip: <u>Dimmond WI 54832</u> Telephone: <u>715-729-6774</u>
Address of Property: <u>52640 Front Ave</u>	City/State/Zip: <u>Dimmond WI 54832</u> Cell Phone: _____
Contractor: _____	Contractor Phone: _____ Plumber: _____ Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Boydén Bloom, Chairman</u>	Agent Phone: <u>715-739-6331</u> Agent Mailing Address (include City/State/Zip): <u>PO Box 116 Dimmond WI 54832</u> Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: <u>SW 1/4, NW 1/4</u>	Legal Description: (Use Tax Statement) <u>PLN: (23 digits) 04-018-2-45-07-25-1 00-102-07000 04-018-1-45-07-25-2 00-102-08000</u> Recorded Document: (i.e. Property Ownership) <u>1157</u> Page(s) <u>416</u>
Section <u>33</u> , Township <u>45</u> N, Range <u>07</u> W	Town of: <u>Dimmond</u> Lot Size _____ Acreage <u>0.7</u>
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue <input checked="" type="checkbox"/> Distance Structure is from Shoreline: _____ feet <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: _____ feet <input type="checkbox"/> No <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<u>\$ 300,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>80'</u>	Width: <u>60'</u>	Height: <u>31'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(<u>80</u> X <u>60</u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>)	<u>4800</u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>)	
<input checked="" type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	(<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>)	

FALLURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date 2/5/17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Chelle Juettell Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit PO Box 56 Dimmond WI 54832
(If you recently purchased the property send your Recorded Deed)

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road		Setback from the Lake (ordinary high-water mark)	>275' Feet
Setback from the Established Right-of-Way	>10' Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	>10' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	>10' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	>10' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	>10' Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0189	Permit Date: 5-10-17			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record (fused/contiguous lots)	Mitigation Required Mitigation Attached	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Project location as represented by Town appears Code Compliant		Zoning District (R4) Lakes Classification ()		
Date of Inspection: 5/5/2017	Inspected by: Robert Schirman	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached)				
Per Approval of Zoning Committee				
Signature of Inspector: [Signature]		Date of Approval: 5/10/2017		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

B Bayfield County Land Records and GIS 1.0

Land Records Home Basic Viewer Help



Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – City
SIGN –
SPECIAL – Class B
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0129** Issued To: **Town of Drummond / Royden Bloom, Agent**

Par in
Location: **SW** ¼ of **NW** ¼ Section **33** Township **45** N. Range **7** W. Town of **Drummond**

Gov't Lot Lot Block Subdivision **Townsite of Drummond** CSM#

For: **Municipal Principal Structure: [1- Story; Municipal Garage (80' x 60') = 4,800 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Per Zoning Committee Approval (no conditions placed).**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 10, 2017

Date